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Management Development Plan
Technical Assistance to the MCH/FP General Directorate in Turkey
October 1995 - September 1999

Family Planning Management Development (FPMD)
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Office of Population, USAID

Management Sciences for Health
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MANAGEMENT DEVELOPMENT PLAN
TECHNICAL ASSISTANCE TO THE
MCH/FP GENERAL DIRECTORATE IN TURKEY
October 1995 - September 1999

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FAMILY PLANNING MANAGEMENT DEVELOPMENT
Management Sciences for Health

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I. Introduction

The Family Planning Management Development (FPMD) Project of Management Sciences for Health (MSH) has been working in Turkey since 1991 with the Maternal Child Health/Family Planning (MCH/FP) General Directorate of the Ministry of Health (MOH). The project has focused on the development and testing of a computerized service statistics and contraceptive logistics system for use at the central and provincial MOH levels. Project activities were based on a joint needs assessment conducted by FPMD and the Centers for Disease Control (CDC) in 1991 and guided by workplans prepared annually in collaboration with the MCH/FP General Directorate and U.S. Embassy in Ankara.

In mid-1995, FPMD expanded its program of assistance in the country by undertaking management needs and sustainability assessments of the three largest family planning non-governmental organizations (NGOs): the Family Planning Association of Turkey (FPAT), the Human Resource Development Foundation (HRDF), and the Turkish Family Health and Planning Foundation (TFHPF).

In 1994 USAID prepared a country strategy for population assistance to Turkey. The strategic objectives of USAID assistance to the Turkish family planning program are:

1. To increase the availability and effective use of quality family planning and reproductive health services.
2. To improve Turkey's self-reliance in family planning and reproductive health by enhancing the public and private sector ability to meet consumer demand for these services independent of USAID support.

Within this strategic context, USAID has identified expected program outcomes and indicators for a policy strategy to strengthen the Government's management capacity, including objectives related to strengthening the Government's contraceptive self-reliance and ability to forecast contraceptive requirements independently. In addition, the MOH is currently developing a National Strategic Plan for Family Planning/Reproductive Health (FP/RH). Discussions in the working group on Management and Infrastructure, organized in connection with the Strategic Plan's development, have identified needs related to management development in the public sector including the need to:

- strengthen provincial and Ministry based managers' management skills by the year 2000;
- ensure continuous and effective data collection, monitoring and evaluation from all public and private health care institutions offering FP/RH services to ensure high quality, continuous service provision;
- include a feedback mechanism for data collection, and train managers in the use of information.

FPMD's technical assistance to the MCH/FP General Directorate will be responsive to the forthcoming National Strategic Plan. For example, the strategic plan is likely to recommend expansion of technical assistance in logistics/management information systems (LMIS) based on geographic representation, institutional capability and staff skills, turnover at provincial-level health offices, access to communications and transportation, presence of other projects that will complement such technical assistance, and location of high-risk populations that are most in need of family planning services. It will also be important for further development of the MCH/FP General Directorate's technical capacity in LMIS to be coordinated with development of a comprehensive health information system (HIS) for the MOH that is currently in its incipient stage with funding from the World Bank. In addition, FPMD's technical assistance will be responsive to the strategic goals and expected program outcomes of USAID's country strategy, including the need for the Government to achieve contraceptive self-reliance by 1999.

II. Management Development Plan: MCH/FP General Directorate

USAID has provided FPMD with an earmark of \$275,000 in fiscal year (FY) 1995 funds to undertake a program of assistance to the MCH/FP General Directorate and the NGO sector during FY96. While this Management Development Plan (MDP) covers a multi-year period, activities proposed for late 1996 and beyond are subject to future earmarks from USAID/Ankara.

MANAGEMENT DEVELOPMENT PLAN FOR MCH/FP GENERAL DIRECTORATE

Project Period: October 1995 - September 1999

1. Background

Since 1991 FPMD and the CDC have collaborated on a joint project to assist the MCH/FP General Directorate to develop and test a family planning service statistics and contraceptive logistics information system. The goal of this project was to help the MCH/FP General Directorate in more rational decision making that would lead to more cost efficient utilization of resources and improvement of the quality of service delivery. The specific objectives were to ensure that by the end of the project, the MCH/FP General Directorate had:

- ▶ appropriate contraceptive logistics procedures tested in some provinces and ready for implementation in others;
- ▶ functioning service statistics and logistics information systems providing information necessary to support the planning, monitoring, and supervision functions of the MCH/FP

General Directorate at both the provincial and national levels; and

- ▶ a central Logistics/Management Information Systems (LMIS) Technical Team trained and ready to plan the dissemination of these systems to other provinces and support the provincial staff in their efforts to implement and use these management tools.

The project was pilot tested in five provinces -- Ankara, Aydin, Izmir, Kirikkale, and Manisa -- during the period 1993-95. At the MCH/FP General Directorate's request, the work did not include redesign of data collection forms; rather it focused on data processing and utilization of information. FPMD's assistance occurred at four levels: (1) collaboration with CDC in the design and implementation of a "top up" logistics system; (2) design and implementation of a computerized MCH/FP service statistics information system (HWARE); (3) funding of all field activities related to the implementation of the computerized service statistics MIS (system reviews, tests, training workshops, system documentation, utilization, and evaluation) as well as local costs for translation, computer systems, workshops, and participation of counterparts in field activities related to both the service statistics and the logistics systems; and (4) implementation of joint activities with CDC in the creation and training of a technical team for maintaining a logistics and management information system at the central level in Ankara.

Although each organization focused on specific technical and training activities, most in-country activities were carried out jointly, and the technical work on each side benefited from the input and experience of the other.

In October 1995, Management Sciences for Health was awarded FPMDII. As it was for FPMD, FPMDII's mandate is to promote institutional development and strengthen the management capabilities of public- and private-sector family planning organizations to enhance the quality, coverage and sustainability of their services by providing technical assistance. FPMDII's technical assistance to the MCH/FP General Directorate over the next four years will build on the aforementioned logistics and management information systems development by improving use of information in the five pilot provinces and at the MCH/FP General Directorate, and by expanding the use of these systems to new provinces. The availability of accurate information on use of family planning services, and storage and distribution of commodities will assist provincial-level health offices and the MCH/FP General Directorate to make timely, rational decisions regarding quality of care, including access to services, training needs, and the procurement and provision of modern contraceptives to service delivery sites. However, LMIS activities can be complemented by surveys that directly measure contraceptive prevalence and discontinuance of contraceptive use in the project provinces.

During the first year of this MDP, FPMD, the FPMD local coordinator, and the LMIS team will develop a trainer's guide for monitoring family planning services. The MCH/FP General Directorate recognizes the need to expand the use of information to newly selected provinces and beyond, as expeditiously as possible. The trainer's guide will address MIS indicator selection, data collection techniques, analysis, decision making, and appropriate technologies.

2. Goals and Objectives of the FPMD Program of Assistance to the MCH/FP General Directorate

The goal of this sub-project is to assist the MCH/FP General Directorate to move from the "growth" stage of management development to the "consolidation" stage, where more staff at the central and provincial levels have strengthened management and technical capabilities, as well as the necessary systems and structures to make informed decisions, and to operate and support local level FP/RH activities more effectively. As a result of international and local technical assistance provided by FPMD, a capacity at the central level to train and provide technical assistance to provincial staff will be strengthened.

In implementing this MDP, FPMD and the MCH/FP General Directorate will collaborate closely with the Health Information Services component of the Second Health Project of the MOH, which is currently designing a comprehensive health information system for the MOH; with JICA for the procurement of computer hardware and software for provincial MOH offices; and with the USAID-funded Policy Project which is providing technical assistance in the development of the National Strategic Plan for FP/RH.

A summary of the Management Development Plan is provided in Appendix A. A Detailed Implementation Plan summarizing planned activities and a timeline for 1996 is provided in Appendix B.

Objective 1. To improve the use of information by the MCH/FP General Directorate and by provinces participating in this sub-project for managing the Government's family planning/reproductive health program.

Activities and Responsibilities:

1996

- a. Identify a local part-time consultant to provide technical assistance to and support the LMIS team in the implementation of annual workplans.

FPMD: identify candidates for MCH/FP General Directorate approval. [2 days] Provide technical support and direction to the consultant. [ongoing]

MCH/FP General Directorate and LMIS team: approve local consultant to work with the team on a part-time basis. [2 days]

1996

- b. Standardize data processing of services statistics and commodities management data and introduce more flexible software.

The LMIS team and staff in the five pilot provinces have learned much about their information needs and data processing from FPMD's technical assistance (TA) and computerization of service statistics records. In fact, in some provinces staff have adapted the functions of MSH's HWare service statistics system to existing management systems. These staff have also become more knowledgeable about commodities management from CDC's TA and system computerization. The customized software has served its purpose in the five pilot provinces. To keep data processing of service statistics simple and flexible as activities expand into new provinces with significantly different resources and capabilities, FPMD will assist the LMIS team and provincial staff to standardize data processing of service statistics records and commodities management and make available more flexible and adaptable computer software (e.g., EPI Info version 6) to the provinces. The LMIS team will be oriented to EPI Info by the FPMD Local Coordinator during a 2-day workshop.

FPMD: Build on lessons learned and introduce simple, off-the-shelf computer software that adopts the structures and functions of MSH's HWare system and CDC's Commodities Tracking System (CTS) for use by the MCH/FP General Directorate and five pilot provinces. Procure EPI Info software and manuals and fund the 2-day workshop. [20 days]

LMIS team: team available for consultation, installation of the software, and refresher training at provincial sites. [20 days]

1996-97

- c. Develop a trainer's guide on analyzing FP program data for the MCH/FP General Directorate and provincial-level staff (in English and Turkish).

The trainer's guide will cover MIS indicator selection, data collection, analysis, interpretation, and decision making.

FPMD: collaborate with the LMIS team to develop an outline and draft chapters. Boston-based preparation of the draft trainer's guide and two trips to Turkey during 1996. [60 days] Fund the costs of translation into Turkish, page layout, cover design, and printing of the cover (if in color).

LMIS team: collaborate with FPMD and the FPMD local coordinator to develop an outline and review draft chapters; publish centrally and distribute to provincial personnel. [20 days]

Expected Outcomes:

- A local consultant is recruited and approved by the MCH/FP General Directorate.
- The LMIS team and relevant personnel in the original and new provinces regularly use and can explain the use of EPI Info for processing service statistics records and commodities management as observed and documented by the FPMD technical consultant, FPMD local coordinator, and LMIS team through field visits.
- A trainer's guide on analyzing FP program data is published in English and Turkish, and distributed by the MCH/FP General Directorate to all provinces by mid-1997.

Objective 2. To improve monitoring of family planning/reproductive health activities at the central and provincial levels.

Activities and Responsibilities:

1996

- a. Add and train 2-3 new members to the LMIS team.

MCH/FP General Directorate: identify additional team members; train in LMIS functions to date; assign specific responsibilities. [on-going]

1997

- b. Improve monitoring (e.g., feedback) of provincial service statistics reporting and commodities management by the LMIS team.

LMIS team: based on the trainer's guide, implement monitoring and feedback protocols for provinces. [ongoing]

1996-99

- c. Integrate the Social Insurance Organization (SSK), FP NGO's, and other institutions delivering health care into project activities.

FPMD: collaborate with the MCH/FP General Directorate to explore implications of policy decisions that impact on service statistics reporting and commodities management

for private sector health care institutions. Assist the General Directorate to modify protocols and systems, as needed. [ongoing]

Expected Outcomes:

- 2-3 new LMIS team members are identified, trained by the current LMIS team, and assigned specific responsibilities by the end of 1996.
- The LMIS team initiates a protocol for providing feedback to provinces on service statistics and commodities management reports by 1997.
- Service statistics and commodities management data prepared by the SSK, FP NGOs and other health care institutions are received and processed by the MCH/FP General Directorate, as determined by any future policy decisions taken.

Objective 3. To expand project activities to 5-7 new provinces per year.

Activities and Responsibilities:

1996-99

- a. Identify new provinces to be incorporated into the sub-project.

Selection criteria for the additional provinces are: i) geographic representation; ii) institutional capability and staff skills; iii) turnover rate of provincial personnel; iv) access to communications and transportation; v) presence of other projects (e.g., Safe Motherhood); and vi) location of high-risk populations.

MCH/FP General Directorate and LMIS team: identify new provinces to be incorporated into the project each year. [ongoing]

1996

- b. Conduct situation analyses at the project's beginning and end.

The LMIS team, assisted by an FPMD technical advisor (Dr. Robert Timmons) and the FPMD local coordinator, will conduct situation analyses of management capabilities and systems in the new provinces in the spring of 1996 and at the project's end. These studies will serve as a baseline and project evaluation. Situation analyses of new provinces to be incorporated into the project during 1998 and 1999 will be conducted by the LMIS team, independent of FPMD technical or financial assistance.

FPMD: assist the LMIS team to develop a situation analysis instrument and collaborate with the team regarding implementation protocols. [10 days]

LMIS team: contribute to the development of an instrument and conduct the situation analyses. [30 days]

1996-97

c. Conduct two regional workshops (one in the fall 1996 and the second in late 1996/early 1997) for five-seven new provinces and five original provinces. Topics will include: data processing of service statistics records, commodities management, analysis, and decision making.

FPMD: support the LMIS team to prepare and conduct the workshops. [10 days]

LMIS team: develop agenda, identify participants and resource persons, arrange workshop logistics, and facilitate the workshops. [20 days]

1997-99

d. Train provincial-level staff in the use of FP data for decision making and in use of computer software.

LMIS team: conduct orientation workshops for personnel from 5-7 new provinces per year. Train staff using the trainer's guide as the primary training resource and reference material. [ongoing]

1997-99

e. Train warehouse managers in the procedures and protocols of commodities management using a simple computer application developed by the LMIS team, with some technical input from FPMD.

LMIS team: conduct training workshop for all regional and provincial warehouse managers in the provinces covered by this project.

Expected outcomes:

- 5-7 new provinces are incorporated into the program by the end of 1997. Thereafter, 5-7 new provinces are incorporated into the program annually in 1998 and 1999.
- Situation analyses are conducted in the spring of 1996 and at the end of this sub-project. Data collected is used by the LMIS team to design and guide TA activities at the provincial level. Situation analyses of new provinces conducted in 1997-99 are led by the LMIS team, independent of FPMD technical and financial support.
- Regional workshops for the five original provinces and 5-7 new provinces are organized, conducted and led by the LMIS team at the end of 1996 and early 1997. The trainer's guide is

used as the principal resource and training material for these workshops.

- Beginning in 1997, the LMIS team routinely conducts training for concerned provincial staff on the use of FP data for decision-making and use of the EPI Info software for data processing, reporting and analysis independent of FPMD technical and financial assistance.
- The LMIS team trains warehouse managers in the procedures and protocols of commodities management using a simple computer application developed by the LMIS team independent of FPMD technical and financial assistance.

3. Scope of Work for the FPMD Local Coordinator

Dr. Ersin Topcuoglu has been recruited and contracted by FPMD, with MCH/FP General Directorate approval, to serve as the part-time Health Information Systems Expert/Local Coordinator. His overall responsibility is to provide in-country coordination and technical support for the implementation of FPMD's management information systems activities with the MCH/FP General Directorate of the MOH as described in this Management Development Plan (MDP) and the Detailed Implementation Plan (DIP) developed for 1996. Specific responsibilities include:

provide technical input in the implementation of FPMD's DIP for 1996 with the MCH/FP General Directorate, including development of the LMIS team's knowledge and skills in computerized data processing programs, and internal procedures for review, processing, use, and application of data collected from participating provinces;

in collaboration with the LMIS team, travel to the field to assess provincial MOH directorate staff's needs and skills in data processing programs, data collection and analysis; use a "situation analysis" tool to collect this information developed by the LMIS team in collaboration with FPMD's technical advisor (Dr. Robert Timmons);

contribute to the preparation of chapters of a MIS trainer's guide to be developed by FPMD in collaboration with the LMIS team;

monitor the activities of the LMIS team, including the timely implementation of activities and tasks defined in the 1996 DIP;

in collaboration with the LMIS team, coordinate FPMD project activities with the MOH's Health Information Services project, funded by the World Bank, and other related programs;

liaise with USAID/Ankara staff and other USAID-funded Cooperating Agencies in Turkey concerning FPMD project activities. Represent FPMD at periodic in-country CAs' meetings convened by USAID/Ankara;

administer travel and per diem funds for periodic field travel by the LMIS team members, prepare Travel Expense Reports (TERs) for each field trip undertaken by each LMIS team member, and submit TERs with accompanying receipts and documentation on a quarterly basis;

administer travel and per diem funds advanced to this consultant for his own periodic field travel to participating provinces, prepare Travel Expense Reports (TERs) for each field trip undertaken, and submit TERs with accompanying receipts and documentation on a

quarterly basis;
maintain routine and regular communication with the FPMD technical advisor (Dr. Timmons) for this project and with the FPMD Asia/Near East Unit in Boston, Massachusetts.

Level of Effort: Approximately 2 days per week over approximately 30 weeks, for a maximum of 63 days during the period April 8 - October 31, 1996.

Reporting Requirements: The consultant will report to Alison Ellis, Asia/Near East Regional Director, on a periodic basis as follows:

Narrative Progress Reports

April 8 - June 30, 1996	Report due: July 15, 1996
July 1 - September 30, 1996	Report due: October 15, 1996
October 1 - 31, 1996	Report due: November 15, 1996

The progress reports need not exceed four (4) pages and will include: a) a narrative on progress in the implementation of the consultancy as against objectives for the period; b) any constraints in the implementation of the consultancy; c) plans for the next reporting period; and d) a daily log of meetings and/or field trips undertaken.

Financial Reports

As noted above, the local coordinator is responsible for administering travel and per diem funds to cover field travel of LMIS team members in connection with the implementation of FPMD's 1996 workplan. The local coordinator is responsible for submitting completed TERs according to the schedule shown above.

In addition, the local coordinator will complete and submit TERs for his own travel as well as for miscellaneous expenses, e.g., fax, phone, photocopy.

Supervision:

The local coordinator is administratively responsible to Alison Ellis. He is technically responsible to Dr. Robert Timmons, Director, MSH MIS Program.

4. Plans for Assessment of Impact

FPMD will collaborate closely with the MCH/FP General Directorate senior management staff and with the LMIS team in the implementation of this Management Development Plan and in the monitoring and assessment of progress in the achievement of MDP objectives and activities. The

FPMD Asia/Near East (ANE) Regional Director will travel to Turkey at least once per year to undertake a program review and to develop annual workplans, based on this MDP, in collaboration with the MCH/FP General Directorate and U.S. Embassy in Ankara. The impact of FPMD TA described in this MDP will be documented by: the FPMD technical advisor in briefing notes prepared for the ANE Regional Director and U.S. Embassy at the conclusion of each technical assignment; periodic progress reports prepared by the local coordinator for the ANE Regional Director; quarterly management/progress reports prepared by the ANE Unit for the U.S. Embassy; and the situation analyses.

5. Program Activity Budget

As stated in section II above, FPMD has been provided an earmark of \$275,000 in FY 1995 funds to undertake a program of technical assistance to the MCH/FP General Directorate and in the NGO sector during FY 1996. The following is a summary of the program activity budget for FY96. (In the case of funds earmarked to FPMD by USAID, the period of performance is October 1, 1995 - November 3, 1996.)

Program Activity Budget: October 1, 1995 - November 3, 1996

<u>Objectives/Activities</u>	<u>Budget</u>
Objective 1: To improve the use of information by the MCH/FP General Directorate and by provinces participating in this subproject for managing the Government's FP/RH program.	
A) Identify and fund a part-time local consultant	<p>\$ 22,876</p> <p>Fully-loaded costs include: consultant fees, FPMD staff time (with fringe benefits and overhead included), communications, FPMD attributable and allocable costs for project management and backstopping</p>
B) Standardize data processing of service statistics and commodities management data and introduce more flexible software	<p>\$ 26,735</p> <p>Fully-loaded costs include: FPMD/MSH staff time (with fringe benefits and overhead included), proportional international travel and per diem costs, communications, 2-day EPI Info workshop, FPMD attributable and allocable costs for project management and backstopping</p>

C)	Develop a trainer's guide on analyzing FP program data for the MCH/FP General Directorate and provincial level staff	\$ 57,218 Fully-loaded costs include: FPMD/MSH staff time (with fringe benefits and overhead included), proportional international travel and per diem costs, communications, translation into Turkish, page layout, cover design and printing of the cover (if in color), FPMD attributable and allocable costs for project management and backstopping
Objective 2: To improve monitoring of FP/RH activities at the central and provincial levels.		
A)	Add and train 2-3 new members to the LMIS team	No FPMD cost; MCH/FP General Directorate and LMIS Team staff time
B)	Integrate the SSK, FP NGO's, and other institutions delivering health care into project activities	Costs to be determined
Objective 3: To expand project activities to 5-7 new provinces per year.		
A)	Identify new provinces to be incorporated into the subproject	No FPMD cost; MCH/FP General Directorate and LMIS team time

<p>B) Conduct situation analyses at the</p>	<p>projections</p> <p>\$ 35,181</p> <p>Fully-loaded costs include: FPMD/MSH staff time (with fringe benefits and overhead included), proportional international travel and per diem costs, communications, FPMD attributable and allocable costs for project management and backstopping; field travel costs of LMIS team (\$2,500)</p>
<p>C) Conduct one regional workshop for 5-7 new provinces and five original provinces</p>	<p>\$ 19,165</p> <p>Fully-loaded costs include: FPMD/MSH staff time (with fringe benefits and overhead included), proportional international travel and per diem costs, communications, FPMD attributable and allocable costs for project management and backstopping; rental of workshop facility and travel/per diem for select participants (\$7,291)</p>
<p>Total:</p>	<p>\$161,175</p>
<p>6. <u>Approvals</u></p>	

<div>_____</div> Catherine Crone-Coburn Project Director FPMD Management Sciences for Health	<div>_____</div> Date
<div>_____</div> Dr. Ayse Akin Dervisoglu General Director MCH/FP General Directorate Ministry of Health	<div>_____</div> Date

APPENDIX A: SUMMARY MDP FOR THE MCH/FP GENERAL DIRECTORATE

Strategic Objectives

MCH/FP General Directorate:

- strengthen provincial and Ministry based managers' management skills by the year 2000
- ensure continuous and effective data collection, monitoring and evaluation from all public and private health care institutions offering FP/RH services to ensure high quality, continuous service provision
- include a feedback mechanism for data collection, and train managers in the use of information

USAID/Ankara:

- increase the availability and effective use of quality family planning and reproductive health services
 - improve Turkey's self-reliance in family planning and reproductive health by enhancing the public and private sector ability to meet consumer demand for these services independent of USAID support
-

GOAL	OBJECTIVES	EXPECTED OUTCOMES	RESPONSIBILITIES
<p>To assist the MCH/FP to move the national program from the "growth" stage of management development to the "consolidation" stage</p>	<p>1. Improve the use of information by the MCH/FP General Directorate and provinces participating in this sub-project for managing the Government's family planning/reproductive health program.</p>	<ul style="list-style-type: none"> •A local consultant is recruited and approved by the MCH/FP General Directorate. •The LMIS team and relevant personnel in the original and new provinces regularly use and can explain the use of EPI Info for processing service statistics records and commodities management. •A trainer's guide on analyzing FP program data is published in English and Turkish, and distributed by the MCH/FP General Directorate to all provinces by mid-1997. 	<p>FPMD:</p> <ul style="list-style-type: none"> •identify candidates for MCH/FP General Directorate approval. [2 days]. Provide technical support and direction to the consultant. [ongoing] •introduce simple, off-the-shelf computer software that adopts the structures and functions of MSH's HWare system and CDC's Commodities Tracking System (CTS). Procure EPI Info software and manuals. [20 days] •collaborate with LMIS team to develop a trainer's guide outline and draft chapters. Boston-based preparation of the draft trainer's guide and two trips to Turkey during 1996. [60 days] <p>MCH/FP General Directorate and LMIS team:</p> <ul style="list-style-type: none"> •approve local consultant to work with the team on a part-time basis.[2 days] •team available for consultation, installation of the software, and refresher training at provincial sites. [20 days] •collaborate with FPMD, and the FPMD local coordinator to develop a trainer's guide outline and review draft chapters; publish centrally and distribute to provincial personnel. [20 days]

GOAL	OBJECTIVES	EXPECTED OUTCOMES	RESPONSIBILITIES
	2. Improve monitoring of family planning/reproductive health activities at the central and provincial levels.	<ul style="list-style-type: none"> •2-3 new LMIS team members are identified, trained, and assigned specific responsibilities by the end of 1996. •The LMIS team initiates a protocol for providing feedback to provinces on service statistics and commodities management reports by 1997. •Service statistics and commodities management data prepared by the SSK, FP NGOs and other health care institutions are received and processed by the MCH/FP General Directorate, as determined by any future policy decisions taken. 	<p>FPMD:</p> <ul style="list-style-type: none"> •collaborate with the MCH/FP General Directorate to explore implications of policy decisions that impact on service statistics reporting and commodities management for private sector health care institutions.[ongoing] <p>MCH/FP General Directorate and LMIS team:</p> <ul style="list-style-type: none"> •identify additional team members; train in LMIS functions to date; assign specific responsibilities. [ongoing] •based on the trainer's guide, implement monitoring and feedback protocols for provinces. [ongoing]

GOAL	OBJECTIVES	EXPECTED OUTCOMES	RESPONSIBILITIES
	<p>3. Expand project activities to 5-7 new provinces per year.</p>	<ul style="list-style-type: none"> •5-7 new provinces are incorporated into the program by the end of 1997. 5-7 new provinces are incorporated into the program annually thereafter. •Situation analyses conducted in the spring of 1996 and at the end of this sub-project. Data collected used by LMIS team to design and guide TA activities at provincial level. <p>Situation analyses of new provinces conducted in 1997-99 are led by the LMIS team.</p> <ul style="list-style-type: none"> •Regional workshops for the five original provinces and 5-7 new provinces organized, conducted and led by LMIS team at the end of 1996. Trainer's guide is used as principal resource and training material. •Beginning in 1997, the LMIS team routinely conducts training for concerned provincial staff on use of FP data for decision-making and use of the EPI Info software for data collection, reporting and analysis. •LMIS team trains warehouse managers in the procedures and protocols of commodities management using a simple computer application developed by the LMIS team. 	<p>FPMD:</p> <ul style="list-style-type: none"> • assist the LMIS team to develop a situation analysis instrument and collaborate with the team regarding implementation protocols. [10 days] •support the LMIS team to prepare and conduct regional workshops. [10 days] <p>MCH/FP General Directorate and LMIS team:</p> <ul style="list-style-type: none"> • identify new provinces to be incorporated into the project each year.[ongoing] • contribute to the development of an instrument and conduct the situation analyses. [30 days] • develop agenda, identify participants and resource persons, arrange workshop logistics, and facilitate the regional workshops. [20 days] • conduct orientation workshops for personnel from 5-7 new provinces per year. Train staff using trainer's guide as the primary training resource and reference material. [ongoing] •conduct training workshop for all regional and provincial warehouse managers in the provinces covered by this project.[ongoing]